

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

03-025

2. STATE:

Indiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1917 (c) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ 0b. FFY _____ \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 9(a) to Attachment 2.6-A Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 9(a) to Attachment 2.6-A Page 3

Indiana (03-025)
approved: 12/23/03
effective: 07/01/03

10. SUBJECT OF AMENDMENT:

Transfers of property made so that penalties would not overlap

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Melanie Bella

13. TYPED NAME:

Melanie Bella

14. TITLE:

Assistant Secretary

15. DATE SUBMITTED:

9/30/03

16. RETURN TO:

Melanie Bella, Assistant Secretary
Office of Medicaid Policy and Planning
402 W. Washington St., Room W382
Indianapolis, IN 46204

ATTN: Tracy Brunner

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/30/03

18. DATE APPROVED:

12/23/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/03

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's health

23. REMARKS:

RECEIVED
SEP 30 2003
DMCH - IL/IN/OH

State: Indiana

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

X does not impose a penalty;

_____ imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

7. Transfers made so that penalty periods would overlap--
The agency:

_____ totals the value of all assets transferred to produce a single penalty period;

X calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap--
The agency:

_____ assigns each transfer its own penalty period

X uses the method outlined below:

For transfers made in consecutive months, the agency totals the value of each transfer and establishes a penalty period, based on the cumulative transfer value, that begins no earlier than the month in which the cumulative transfer value exceeded the agency's private nursing facility rate if that month does not occur in another transfer penalty period.